



PTO/SB/21 (AW)(03-03)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 4

Application Number	09/764,554
Filing Date	January 18, 2001
First Named Inventor	Juan Carlos Parodi
Art Unit	3738
Examiner Name	Cheryl L. Miller
Attorney Docket No.	BSI-320US1

ENCLOSURES (Check all that apply)

- ☒ Fee Transmittal Form
☒ Fee Attached
- ☐ Amendment/Reply
☐ After Final
☐ Affidavits/Declaration(s)

- ☐ Extension of Time Request
- ☐ Express Abandonment Request
- ☐ Information Disclosure Statement
- ☐ Certified Copy of Priority Document(s)
- ☐ Response to Missing Parts/
Incomplete Application
- ☐ Response to Missing Parts under
37 CFR 1.52 or 1.53

- ☐ Drawing(s)
- ☐ Licensing-related Papers
- ☐ Petition
- ☐ Petition to Convert to a
Provisional Application
- ☐ Power of Attorney, Revocation,
Change of Correspondence
Address
- ☐ Terminal Disclaimer
- ☐ Request for Refund
- ☐ CD, Number of CD(s)

- ☐ After Allowance Communication
to Group
- ☐ Appeal Communication to Board
of Appeals and Interferences
- ☐ Appeal Communication to Group
(Appeal Notice, Brief, Reply
Brief)
- ☐ Proprietary Information
- ☐ Status Letter
- ☒ Other Enclosure(s) (please
identify below):
Request for Continued Examination
(RCE) Transmittal

Remarks:**RECEIVED**
APR 09 2003**SIGNATURE OF APPLICANT, ATTORNEY OR AGENT**

TECHNOLOGY CENTER H3700

Firm or
Individual

Ratner Prestia

Signature

Date

March 31, 2003

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Name (Print/Type)

Paul F. Prestia

Registration No. (Attorney/Agent)

23,031

Signature

Date

March 31, 2003

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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 750

Complete if Known

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First Named Inventor Juan Carlos Parodi
Examiner Name Cheryl L. Miller
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<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None				3. ADDITIONAL FEES			
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 18-0350 Deposit Account Name: RatnerPrestia				Large Entity Fee Code (\$)			
The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				Small Entity Fee Code (\$)			
FEE CALCULATION				Fee Description			
1. BASIC FILING FEE				Fee Paid			
Large Entity Fee Code (\$)				Fee Paid			
Small Entity Fee Code (\$)				Fee Paid			
1001 750 2001 375 Utility filing fee							
1002 330 2002 165 Design filing fee							
1003 520 2003 260 Plant filing fee							
1004 750 2004 375 Reissue filing fee							
1005 160 2005 80 Provisional filing fee							
SUBTOTAL (1) (\$0)							
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE							
Total Claims 20** = 0 X 0 = 0							
Independent Claims 3** = 0 X 0 = 0							
Multiple Dependent X 0 = 0							
Large Entity Fee Code (\$)							
Small Entity Fee Code (\$)							
1202 18 2202 9 Claims in excess of 20							
1201 84 2201 42 Independent claims in excess of 3							
1203 280 2203 140 Multiple dependent claim, if not paid							
1204 84 2204 42 ** Reissue independent claims over original patent							
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent							
SUBTOTAL (2) (\$0)							
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SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Paul F. Prestia	Registration No. Attorney/Agent	23,031	Telephone	610 407 0700
Signature	<i>Paul F. Prestia</i>	Date	March 31, 2003		

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